PRINTED: 08/29/2012 FORM APPROVED

Indiana State Department of Health

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
					С
	005043				06/23/2011
NAME OF PROVIDER OR SUPPLIER				TE, ZIP CODE	
ST JOSEPH HOSPITAL		700 BROADWAY FORT WAYNE, IN 46802			
			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE COMPLETE
S 000 INITIAL COMMENTS			S 000		
This visit was for the investigation of a State hospital complaint.					
Complaint #: IN00086331 Unsubstantiated, lack of sufficient evidence.					
Facility Number: 005043					
Date: 06-23-11					
St Joseph Hospital is in compliance with Indiana Hospital Licensure Rules 410 IAC 15-1.5-1, Infection Control, 410 IAC 15-1.5-5, Medical staff and 410 IAC 15-1.5-6, Nursing services.					
QA: claughlin 07/15/	/11				
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS This visit was for the hospital complaint. Complaint #: IN0008 Unsubstantiated, lac Facility Number: 008 Date: 06-23-11 Surveyor: John Lee, Public Health Nurse St Joseph Hospital is Hospital Licensure R Infection Control, 410 and 410 IAC 15-1.5-6	ROVIDER OR SUPPLIER PH HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATI INITIAL COMMENTS This visit was for the investigation of a State hospital complaint. Complaint #: IN00086331 Unsubstantiated, lack of sufficient evidence. Facility Number: 005043 Date: 06-23-11 Surveyor: John Lee, R.N. Public Health Nurse Surveyor St Joseph Hospital is in compliance with Ind Hospital Licensure Rules 410 IAC 15-1.5-1, Infection Control, 410 IAC 15-1.5-5, Medical and 410 IAC 15-1.5-6, Nursing services. QA: claughlin 07/15/11	ROVIDER OR SUPPLIER PH HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the investigation of a State hospital complaint. Complaint #: IN00086331 Unsubstantiated, lack of sufficient evidence. Facility Number: 005043 Date: 06-23-11 Surveyor: John Lee, R.N. Public Health Nurse Surveyor St Joseph Hospital is in compliance with Indiana Hospital Licensure Rules 410 IAC 15-1.5-1, Infection Control, 410 IAC 15-1.5-5, Medical staff and 410 IAC 15-1.5-6, Nursing services. QA: claughlin 07/15/11	ROVIDER OR SUPPLIER PH HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the investigation of a State hospital complaint. Complaint #: IN00086331 Unsubstantiated, lack of sufficient evidence. Facility Number: 005043 Date: 06-23-11 Surveyor: John Lee, R.N. Public Health Nurse Surveyor St Joseph Hospital is in compliance with Indiana Hospital Licensure Rules 410 IAC 15-1.5-5, Medical staff and 410 IAC 15-1.5-6, Nursing services. QA: claughlin 07/15/11	F CORRECTION DENTIFICATION NUMBER A BUILDING B. WING

matana otate bepartment of ricality

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE